Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2022 Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: IDAHO FREEDOM FOUNDATION, INC Address change Doing business as 26-3783048 Name change Number and street (or P.O. box if mail is not delivered to street address) 802 W BANNOCK STREET STE 405 208-258-2280 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated BOISE ID 83702 1,038,717 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending WAYNE HOFFMAN 802 W BANNOCK STREET STE 405 H(b) Are all subordinates included? BOISE 83702 If "No." attach a list. See instructions ID**X** 501(c)(3) 501(c) Tax-exempt status 4947(a)(1) or WWW.IDAHOFREEDOM.ORG Website: H(c) Group exemption number Year of formation: 2008 X Corporation Trust Association Form of organization: M State of legal domicile: Part I Summarv 1 Briefly describe the organization's mission or most significant activities: TO DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL Governance RESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC FREEDOM, AND LIMITED, TRANSPARENT GOVERNMENT 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 8 ⋖ŏ 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 10 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 983,472 8 Contributions and grants (Part VIII, line 1h) 885,870 Revenue 9 Program service revenue (Part VIII, line 2g) 90 473 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,772 9,236 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 895,196 1,038,717 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 560,515 692,970 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 364,288 302,372 389,377 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 862,887 1,082,347 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 32,309 -43,630 **19** Revenue less expenses. Subtract line 18 from line 12 End of Year o. Beginning of Current Year 1,016,570 20 Total assets (Part X, line 16) 1,060,200 21 Total liabilities (Part X, line 26) 060,200 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign WAYNE HOFFMAN Here PRESIDENT Type or print name and title Print/Type preparer's name Check Paid GREGORY J BRAUN, CPA GREGORY J BRAUN, CPA 11/06/23 P01249005 Preparer RIPLEY DOORN & COMPANY, P.L.L.C. 82-0476132 Firm's EIN **Use Only** 217 W GEORGIA AVE STE 100 83686-2836 208-466-9264 NAMPA, ID Firm's address

May the IRS discuss this return with the preparer shown above? See instructions

X Yes

| Pa | rt III Statement of Program Service Accomplishments | X |
|------------|---|------|
| | Check if Schedule O contains a response or note to any line in this Part III | Λ |
| T R | Briefly describe the organization's mission: O DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL RESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC FREEDOM, AND LIMITED, RANSPARENT GOVERNMENT | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| | prior Form 990 or 990-EZ? | ON 2 |
| | If "Yes," describe these new services on Schedule O. | _ |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program | |
| | services? Yes X | ON 2 |
| | If "Yes," describe these changes on Schedule O. | _ |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, | |
| | the total expenses, and revenue, if any, for each program service reported. | |
| T R | (Code:) (Expenses \$ 448,645 including grants of \$) (Revenue \$ 'O DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL ESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC FREEDOM, AND LIMITED, PRANSPARENT GOVERNMENT |) |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$ |) |
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| | (Code:) (Expenses \$ including grants of \$) (Revenue \$ [7/A] |) |
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| 4d | Other program services (Describe on Schedule O.) | |
| 4 e | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 448,645 | |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|--|-----------|------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | ١, | v | |
| 2 | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | , | | x |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | ١. | х | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ ا | | x |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Λ |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | х |
| 7 | "Yes," complete Schedule D, Part I | 6 | | Λ |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | х |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | ١. | | х |
| 0 | complete Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | 9 | | х |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | - | | 21 |
| 10 | | 10 | | х |
| 11 | or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | | |
| •• | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> | | | |
| u | | 11a | X | |
| b | complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| ~ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 1 | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | ٦, |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | ١ | | 3,5 |
| 4- | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | v |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 40 | | x |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Vee " complete Schedule G. Part III. | 10 | | x |
| 20a | If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| zua b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 200 | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | х |
| | grand and a second seco | | - 00 | |

| Part IV Checklist of Required Sch | edules (continued) |
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| | oncokiist of required contented (continued) | | | | | Τ., | Τ. | |
|-----------------|--|---------|---------|----------|----------------------|-----------|-----------|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals of | n | | | | Yes | 5 I | No |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | | | 22 | | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | | ······ | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | | | | | |
| | employees? If "Yes," complete Schedule J | | | | 23 | | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | | | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2 | 24b | | | | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | | | | 24a | | | X |
| b | Did the experiencian invest any presents of the experience hands beyond a temporary posited exception? | | | | 246 | | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | ar | | | | | | |
| | to defease any tax-exempt bonds? | | | | 240 | | | |
| d | Did the appropriation act as an first ball (fill insurant and a state of insurant and size of | | | | 0.44 | | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess | benefit | it | | | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | | | 25a | | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a p | rior | | | | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990- | ΞZ? | | | | | | |
| | If "Yes," complete Schedule L, Part I | | | | 25b | | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu | rrent | | | | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | | | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | | | 26 | | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, | key | | | | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | | | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | | | | | |
| | persons? If "Yes," complete Schedule L, Part III | | | | 27 | | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule | Ł, | | | | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | | | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? | If | | | | | | 37 |
| | "Yes," complete Schedule L, Part IV | | | | I | | | X |
| b | | | | | 28k |) | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | | | | | х |
| 20 | "Yes," complete Schedule L, Part IV | | | | I | X | _ | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule N</i> | 1 | | | 29 | +^ | + | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | | | | | х |
| 24 | conservation contributions? If "Yes," complete Schedule M | | | | | + | _ | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule I | v, Pari | ι. | | 31 | + | - | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | | | 32 | | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulati | | | | | | | |
| 33 | continue 201 7701 2 and 201 7701 22 If "Voe " complete Schodule P. Part I | | | | 33 | | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, I | | | | | + | | |
| U- 1 | an IV and Dark V line 4 | | | | 34 | x | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | | | | _ | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | • • • | | | † <u></u> | \dagger | |
| ~ | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | | 35b | x | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | • • • | | | 1 | \dagger | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | | | | 36 | | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | | | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part | 1// | | | 37 | | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b | | | | | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O. | | | | 38 | Х | | |
| Pa | art V Statements Regarding Other IRS Filings and Tax Compliance | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> | [| Ш |
| | | | | | | Yes | s I | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1a | Ŀ | 19 | | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | | 0 | | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | | | | | |
| | reportable gaming (gambling) winnings to prize winners? | <u></u> | <u></u> | <u> </u> | 1c | X | | |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continu | ıed) | | | Yes | No |
|---------|--|---------|---|------------|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 10 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | · | | 2b | X | |
| 3a | | | | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other auti | • | • | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial ac | count) | ? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc | ounts (| (FBAR). | _ | | v |
| 5a | | | | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | 1? | | I | | Х |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | 6- | | х |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | |
| b | gifts were not tax deductible? | Oi | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| и а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo | de | | | | |
| u | and comings provided to the pover? | | | 7a | | х |
| b | If "Voo" did the exemptation potify the depart of the value of the goods or continuous provided? | | | 76 | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | ···· ··· | | |
| | required to file Form 8282? | | | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri | | | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form | 8899 a | s required? | 7g | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | | | Х |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | ı | I | | | |
| а | | 11a | | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | l | | | | |
| | against amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1 | Ι. | r · · · · · · · · · · · · · · · · · · · | 12a | | |
| b 12 | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | | 13a | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| - | the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the consciention receives an exercise for independent or an independent of the format of the for | | | 14a | | х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule C | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration | | | | | |
| - | excess parachute payment(s) during the year? | | | 15 | | х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment inc | ome? | | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities | s | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes" complete Form 6069 | | | | | |

BOISE

DAA

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | | | | |
|-----|--|---------|----------|--------|-----|----|
| | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 8 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| | committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 8 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | |
| | of the state of th | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | Х |
| 6 | Did the organization have members or stockholders? | | | | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| | stockholders, or persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year to | | | | | |
| а | The governing body? | | _ | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 0.6 | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | . 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter- | nal R | evenue (| Code.) | | |
| | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | . 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing th | e form? | | 11a | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to | conflic | ts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | |
| | describe on Schedule O how this was done | | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | |
| | with a taxable entity during the year? | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | |
| | organization's exempt status with respect to such arrangements? | | | . 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedID | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 or 1024-A, if applicable), 990-T (secti | on 501 | (c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | |
| | X Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest | policy, | | | | |
| | and financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | |
| W | AYNE HOFFMAN 802 W BANNOCK STREET STE 405 | | | | | |

208-258-2280

ID 83702

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week | bo | x, unle | Pos check ess pe ind a o | rson i | than o is both or/truste | an ee) | (D) Reportable compensation from the | (E) Reportable compensation from related | (F) Estimated amount of other compensation |
|--------------------------|---|--------------------------------|-----------------------|-----------------------------------|--------------|--------------------------------|-----------|---|---|---|
| | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/ 1099-MISC/ 1099-NEC) | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations |
| (1) WAYNE HOFFMAN | 40.00 | | | | | | | | | |
| DDEG TDENIE | 40.00 | | | х | | | | 149,491 | o | o |
| PRESIDENT (2) DOYLE BECK | 0.00 | | | ^ | | | | 149,491 | 0 | 0 |
| (2) DOTHE DECK | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (3) RON CRANE | | | | | | | | | | |
| • | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) TINA DEBOER | | | | | | | | | | |
| DIRECTOR | 0.25 | x | | | | | | 0 | o | o |
| (5) HEATHER LAUER | | | | | | | | | | |
| | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) BRENT REGAN | | | | | | | | | | |
| | 0.25 | | | | | | | | _ | _ |
| CHAIRMAN | 0.00 | X | | Х | | | | 0 | 0 | 0 |
| (7) BRYAN SMITH | 0.05 | | | | | | | | | |
| <u></u> | 0.25 | ٠, | | | | | | | _ | _ |
| DIRECTOR (8) BOB TIKKER | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) BOB TIRRER | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (9) GRAYE WOLFE | 0.00 | <u> </u> | | | | | | 0 | 0 | <u> </u> |
| (9) GIGHTE WOLFE | 0.25 | | | | | | | | | |
| DIRECTOR | 0.00 | x | | | | | | 0 | 0 | 0 |
| (10) | | Ť | | | | T | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

(11)

26-3783048

| Pa | rt VII Section A. Officers | , Directors, Trus | stee | s, Ke | ey E | mplo | oyee | s, a | nd Highest Compensated | Employees (continued) | | | | | | |
|--------|---|--|---|-----------------------|----------|---------------|------------------------------|----------|-------------------------------|--|--|---|--------|-------|--|--|
| | (A) Name and title | (B) Average hours per week (list any | age box, unless person is both an officer and a director/trustee) compensation compensation from the from related | | | | | | | | | (F) Estimated amount of other compensation from the | | | | |
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | | ganizatio | on and | s | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 1b | Subtotal | | | | | | | | 149,491 | | | | | | | |
| c d | Total from continuation shee Total (add lines 1b and 1c) | | | | | | | | 149,491 | | | | | | | |
| 2 | Total number of individuals (increportable compensation from | | nited | to th | nose | liste | d abo | ove) | who received more than \$1 | 00,000 of | | | | | | |
| 3 | Did the organization list any for | <u> </u> | ctor | truct | -00 l | 60 1.6 | ample |)V00 | or highest compensated | | | | Yes | No | | |
| | employee on line 1a? If "Yes," | complete Schedu | ıle J | for s | such | indiv | <i>r</i> idual | Í | | | | 3 | | х | | |
| 4 | For any individual listed on line organization and related organi | zations greater th | nan i | \$150 | ,000 | ? If ' | "Yes, | " coi | mplete Schedule J for such | | | | | | | |
| 5 | individual | a receive or accr | ue c | ompe | ensa | tion | from | any | unrelated organization or inc | dividual | | 4 | | X | | |
| Soct | for services rendered to the orgion B. Independent Contracto | | s," c | omp | lete . | Sche | dule | J fo | or such person | <u></u> | | 5 | | Х | | |
| 1 | Complete this table for your fiv | e highest compe | | | | | | | | | | | | | | |
| | compensation from the organiz | ation. Report con (A) I business address | npen | satio | n foi | r the | cale | ndar | | the organization's tax year. (B) tion of services | | | (C) | ton. | | |
| | Name and | 1 Dusi less address | | | | | | | Descrip | IOT OF SERVICES | | | права | uon . | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | T | | | | | | | | |
| 2 | Total number of independent of | | | | | | | ose | listed above) who | | | | | | | |
| | received more than \$100,000 c | | | | | | | | · | 0 | | | | | | |

| . u | | Check if | Sch | edule O conta | ains a | respon | se or note | to any line in this | s Part VIII | | |
|--|-----|--|------------|------------------|---------|----------|---------------|----------------------|--|--------------------------------------|---|
| | | | | | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ts s | 1a | Federated camp | aigns | | 1a | | | | | | |
| Grant | b.u | Membership due | s. | | 1b | | | | | | |
| ۾ ۾ | c | Fundraising ever | nts | | 1c | | | | | | |
| ifts ır A | q | Related organiza | ations | | 1d | | | | | | |
| ni Big | e | Government grants (or | | | 1e | | | | | | |
| ions er Sii | f | All other contributions, and similar amounts no | gifts, gra | nts, | 1f | | 983,472 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions lines 1a-1f | induded | in | | ¢ | 25,626 | | | | |
| Son | h | Total. Add lines | | | | | | 983,472 | | | |
| | | rotan /taa mioo | 14 11 | | | | Business Code | | | | |
| 4 | 2a | *************************************** | | | | | 240000 0040 | | | | |
| ξ | b | * | | | | | | | | | |
| Program Service Revenue | c | * | | | | | | | | | |
| | q | • | | | | | | | | | |
| 9 | e | | | | | | | | | | |
| ₫ | | All other progran | | ce revenue | | | | | | | |
| | | Total. Add lines | | | | | | | | | |
| _ | 3 | Investment incon | | | | | | | | | |
| | | other similar am | , | - | | | | 473 | | | 473 |
| | 4 | Income from inve | estmer | t of tax-exempt | hond r | roceeds | | 270 | | | |
| | 5 | Royalties | | • | | | | | | | |
| | | rtoyanoo | | (i) Real | | | Personal | | | | |
| | 6a | Gross rents | 6a | (1) 11001 | | () | . 6.66.16. | | | | |
| | | Less: rental expenses | 6b | | | | | | | | |
| | b | • | 6c | | | | | | | | |
| | d | Rental inc. or (loss) Net rental income | | | | | | | | | |
| | | Gross amount from | 01 (11 | (i) Securities | | | i) Other | | | | |
| | | sales of assets | 70 | (i) Godanico | | (" |) Guiei | | | | |
| a) | h | other than inventory | 7a | | | + | | | | | |
| ŭ | b | Less: cost or other | 7h | | | | | | | | |
| eve | _ | basis and sales exps. | 7b | | | | | | | | |
| Other Revenue | | Gain or (loss) | 7c | | | 1 | | | | | |
| the | | Net gain or (loss | | | | <u> </u> | | | | | |
| 0 | oa | Gross income from | | ising events | | | | | | | |
| | | (not including \$ | | | | | | | | | |
| | | of contributions rep | | n ine | 0- | | | | | | |
| | | 1c). See Part IV, lin | | | 8a | | | | | | |
| | | Less: direct expe | | | 8b | | | | | | |
| | C | Net income or (lo | | • | venis . | T | | | | | |
| | ya | Gross income fro | - | • | Δ- | | | | | | |
| | ١. | activities. See Pa | | | 9a | | | | | | |
| | | Less: direct expe | | | 9b | | | | | | |
| | | Net income or (lo | , | | ities | <u> </u> | | | | | |
| | 10a | Gross sales of in | | | | | | | | | |
| | | returns and allow | | | 10a | | | | | | |
| | | Less: cost of goo | | | 10b | <u> </u> | | | | | |
| | С | Net income or (lo | oss) fr | om sales of inve | ntory | | | | | | |
| Sī | | | | | | | Business Code | 44 -4- | | | |
| eo e | 11a | COST SHARI | NG | | | | | 44,705 | | | 44,705 |
| Ilan | b | MISC INCOM | E | | | | | 10,067 | | | 10,067 |
| Miscellaneous Revenue | С | | | | | | | | | | |
| Ξ | | All other revenue | | | | | | -4 | | | |
| | | Total. Add lines | | | | | | 54,772 | | _ | FF 0.4- |
| | 12 | Total revenue. | See in | structions | | | | 1,038,717 | 0 | 0 | 55,245 |

Part IX Statement of Functional Expenses

| Secti | ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon | | | e column (A). | x |
|-------|--|------------------|--------------------------|---------------------------------|----------------------|
| Do n | not include amounts reported on lines 6b, 7b, | (A) | (B) | (c) | (D) |
| | Pb, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 149,491 | 73,251 | 16,444 | 59 , 796 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 448,063 | 219,551 | 49,287 | 179,225 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 12,140 | 5,949 | 1,335 | 4,856 |
| 9 | Other employee benefits | 37,936 | 18,589 | 4,173 | 15,174 |
| 10 | Payroll taxes | 45,340 | 22,217 | 4,987 | 18,136 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 4,225 | | 4,225 | |
| С | Accounting | 3,250 | | 3,250 | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | , , | 100 220 | E4 007 | 45 766 | 0 755 |
| | (A) amount, list line 11g expenses on Schedule O.) | 109,328 | 54,807 | 45,766 | 8,755 |
| 12 | Advertising and promotion | 16,149 57,259 | 16,149 7,528 | 17,853 | 31,878 |
| 13 | Office expenses | 57,259 | 7,520 | 17,055 | 31,070 |
| 14 | Information technology | | | | |
| 15 | Royalties | 57,757 | 4,440 | 53,317 | |
| 16 | Occupancy | 20,483 | 2,387 | 16,313 | 1,783 |
| 17 | Travel | 20,403 | 2,307 | 10,313 | 1,705 |
| 10 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 9,314 | 1,077 | 4,572 | 3,665 |
| 20 | Interest | 7,314 | ±,0// | 1,512 | 3,003 |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 11,273 | 11,273 | | |
| 23 | Insurance | 3,219 | ,_, | 3,219 | |
| 24 | Other expenses. Itemize expenses not covered | , | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | · · · · · · · · · · · · · · · · · · · | 21,677 | | | 21,677 |
| b | DUES & SUBSCRIPTIONS | 19,197 | | 17,708 | 1,489 |
| С | DONOR COMMUNICATIONS | 16,419 | 384 | 1,965 | 14,070 |
| d | WEBSITE DESIGN | 16,232 | 6,153 | 10,079 | |
| е | All other expenses | 23,595 | 4,890 | 14,921 | 3,784 |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,082,347 | 448,645 | 269,414 | 364,288 |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2022) IDAHO FI

| | | | | (A) Beginning of year | | (B) End of year |
|----------------------|--|----------------------|--------|-----------------------|-----|--------------------|
| 1 | Cash—non-interest-bearing | | | 282,887 | 1 | 249,976 |
| 2 | Savings and temporary cash investments | | | 721,306 | 2 | 716,860 |
| 3 | Pledges and grants receivable, net | | | | 3 | |
| 4 | Accounts receivable, net | | | 4 | | |
| 5 | Loans and other receivables from any current or former | er officer, director | | | | |
| | trustee, key employee, creator or founder, substantial | contributor, or 35 | % | | | |
| | controlled entity or family member of any of these pers | ons | | | 5 | |
| 6 | Loans and other receivables from other disqualified pe | ersons (as defined | i | | | |
| 2 | under section 4958(f)(1)), and persons described in se | | 6 | | | |
| 7 | Notes and loans receivable, net | | | | 7 | |
| [†] 8 | Inventories for sale or use | | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | | 9 | |
| 10a | a Land, buildings, and equipment: cost or other | | | | | |
| | basis. Complete Part VI of Schedule D | 10a | 89,664 | | | |
| t | Less: accumulated depreciation | 401 | 69,739 | 31,198 | 10c | 19,925 |
| 11 | | | | | 11 | |
| 12 | | | | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | | | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | 24,809 | 15 | 29,809 |
| 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | | 1,060,200 | 16 | 1,016,570 |
| 17 | Accounts payable and accrued expenses | | | | 17 | |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | 19 | | | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV | of Schedule D | | | 21 | |
| 22 | Loans and other payables to any current or former offi | cer, director, | | | | |
| | trustee, key employee, creator or founder, substantial | | | | | |
| 3 | controlled entity or family member of any of these pers | ons | | | 22 | |
| 23 | 1 7 | ird parties | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third | parties | | | 24 | |
| 25 | Other liabilities (including federal income tax, payables | to related third | | | | |
| | parties, and other liabilities not included on lines 17-24 |). Complete Part | X | | | |
| | of Schedule D | | | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | <u></u> | | 0 | 26 | |
| | Organizations that follow FASB ASC 958, check h | ere X | | | | |
| 3 | and complete lines 27, 28, 32, and 33. | | | | | |
| 27 28 | Net assets without donor restrictions | | | 1,060,200 | 27 | 1,016,570 |
| 28 | | | | | 28 | |
| | Organizations that do not follow FASB ASC 958, or | heck here | | | | |
| | and complete lines 29 through 33. | | | | | |
| 29 | | | | 29 | | |
| 30 | Paid-in or capital surplus, or land, building, or equipme | | | | 30 | |
| 31 | Retained earnings, endowment, accumulated income, | or other funds | | | 31 | |
| 29 30 31 32 | Total net assets or fund balances | | | 1,060,200 | 32 | 1,016,570 |
| 33 | Total liabilities and net assets/fund balances | | | 1,060,200 | 33 | 1,016,570 |

Form **990** (2022)

| Pa | rt XI Reconciliation of Net Assets | | | | | |
|----|---|----|----------|------|------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | : | 1,0 | 38,' | 717 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,0 | 32,3 | 347 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 43, | 630 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 1,00 | 50,2 | 200 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 32, column (B)) | 10 | | L,0: | L6, | <u>570</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | Щ. |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on | | | | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on | | | | | |
| | Schedule O. | | | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | <u> </u> | 3b | | |

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

IDAHO FREEDOM FOUNDATION, INC

Employer identification number 26-3783048

| | | | IDMIO PREEDO | M POUNDATION, II | 10 | | 20-370 | 30-10 |
|-------|--------------|-----------------|---------------------------------|---|-------------------|----------------------|-----------------------------------|--------------------|
| Pa | rt I | Reas | on for Public Charity | Status. (All organizations | must co | omplete | this part.) See instruction | าร. |
| The o | orgar | | | it is: (For lines 1 through 12, che | | • | | |
| 1 | Ň | A church, cor | nvention of churches, or asso | ciation of churches described in | section | 170(b)(1)(| A)(i). | |
| 2 | П | | | A)(ii). (Attach Schedule E (Form | | - (· / / | Α, | |
| 3 | Н | | | e organization described in sect | |)(1)(A)(iii) | _ | |
| 4 | Н | • | · | in conjunction with a hospital de | • | | | ital's name |
| - | Ш | city, and state | | in conjunction with a noopital ac | oonbed in | 30011011 | Trouby Type Lines are nosp | maro riarrio, |
| 5 | \Box | • | | a college or university owned or | operated | hv a gov | promontal unit described in | |
| J | ш | _ | | - | operateu | by a gove | enimental unit described in | |
| 6 | \Box | | (b)(1)(A)(iv). (Complete Part I | u.) vernmental unit described in se c | otion 170 | (b)/4\/ A \/s | ۸ | |
| 6 | \mathbf{x} | • | | | | | • | |
| 7 | 7 | - | section 170(b)(1)(A)(vi). (Co | ubstantial part of its support from | a govern | mental un | it of from the general public | |
| 8 | \Box | | | 70(b)(1)(A)(vi). (Complete Part II | 1) | | | |
| 9 | Н | - | | ribed in section 170(b)(1)(A)(ix | • | l in conjur | action with a land-grant college | |
| 9 | Ш | • | ~ | agriculture (see instructions). Er | • | - | • | |
| | | university: | or a non-land-grain college or | agriculture (see instructions). Er | itei tile ile | iiiie, City, o | and state of the college of | |
| 10 | \Box | | on that normally receives (1) | more than 33 1/3% of its suppor | t from cor | ntributions | membership fees, and gross | |
| | Ш | J | , , , | t functions, subject to certain exc | | | , , | |
| | | • | | unrelated business taxable inco | • | ` ' | | |
| | | acquired by the | ne organization after June 30, | 1975. See section 509(a)(2). (| Complete | Part III.) | · · | |
| 11 | П | An organization | on organized and operated ex | clusively to test for public safety | . See sec | tion 509(| a)(4). | |
| 12 | П | An organization | on organized and operated ex | clusively for the benefit of, to pe | rform the | functions | of, or to carry out the purposes | of |
| | | one or more | publicly supported organizatio | ns described in section 509(a)(| 1) or sect | ion 509(a | a)(2). See section 509(a)(3). C | Check |
| | | the box on lin | es 12a through 12d that desc | cribes the type of supporting orga | anization a | nd comple | ete lines 12e, 12f, and 12g. | |
| | а | Type I. A | supporting organization oper | rated, supervised, or controlled b | y its supp | orted orga | anization(s), typically by giving | |
| | | | • ,, , | er to regularly appoint or elect a | | the direc | tors or trustees of the | |
| | | supporting | g organization. You must co | mplete Part IV, Sections A and | d B. | | | |
| | b | | | ervised or controlled in connection | | | | |
| | | | • | ng organization vested in the sai | me persor | ns that cor | ntrol or manage the supported | |
| | | | on(s). You must complete I | · | | | | |
| | С | | | upporting organization operated i | | | | |
| | | | • ,,, | ructions). You must complete P | | | | \ |
| | d | _ | | A supporting organization operators organization generally must satistical | | | |) |
| | | | • • | ust complete Part IV, Sections | - | | | |
| | е | _ ` | , | ved a written determination from | | | | |
| | C | | | -functionally integrated supporting | | | Type I, Type II, Type III | |
| | f | | nber of supported organization | | 0 0 | | | |
| | g | | ollowing information about the | | | | | |
| (i |) Nam | e of supported | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| • | | ganization | , , | (described on lines 1–10 | | ur governing | support (see | other support (see |
| | | | | above (see instructions)) | docu | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| | | | | | <u></u> | <u> </u> | | |
| (D) | | | | | | | | |
| . , | | | | | | | | |
| (E) | | | | | | | | |
| `-, | | | | | | | | |
| Total | ı | | | | 1 | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | , [- | | , | | |
|----------------------|--|------------------------|---------------------|----------------------------|---------------------------|-----------------|------------|--------------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | \Box | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 727,436 | 708,733 | 967,232 | 885,870 | 1,011,9 | 24 | 4,301,195 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | | |
| 4 5 | Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | 727,436 | 708,733 | 967,232 | 885,870 | 1,011,9 | 24 | 4,301,195 |
| | shown on line 11, column (f) | | | | | | | 917,345 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 3,383,850 |
| | tion B. Total Support | (=) 0040 | (b) 0040 | (-) 0000 | (4) 0004 | (-) 0000 | \neg | (f) T-4-1 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | + | (f) Total |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 727,436 | 708,733 | 967,232 993 | 885,870 90 | 1,011,92 | 73 | 4,301,195 2,738 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 78,999 | 886 | 174,020 | 9,236 | 54,7 | 72 | 317,913 |
| 11 | Total support. Add lines 7 through 10 | | | | | | _ | 4,621,846 |
| 12 | Gross receipts from related activities, etc. (s | | | | | | 2 | |
| 13 | First 5 years. If the Form 990 is for the org | • | | • | ` , ` , | | | |
| Sac | organization, check this box and stop here tion C. Computation of Public Su | | | | | | <u></u> | |
| 366 14 | · · · · · · · · · · · · · · · · · · · | • • | | t // | | 1 | <u>. T</u> | F2 01 9/ |
| 15 | Public support percentage for 2022 (line 6, or Public support percentage from 2021 Sched | | | ''' | | 1 | _ | 73.21 % 68.00 % |
| 16a | 33 1/3% support test—2022. If the organiz | | | and line 14 is 33 | | | <u> </u> | 00.00 70 |
| ıou | box and stop here . The organization qualifi | | | | • | | | X |
| b | 33 1/3% support test—2021. If the organiz | | | | | | | |
| | this box and stop here. The organization qu | | | rotion | | | | |
| 17a | 10%-facts-and-circumstances test—202 | 2. If the organization | n did not check a b | | | | | |
| | 10% or more, and if the organization meets | the facts-and-circuit | nstances test, che | ck this box and sto | pp here. Explain in | | | |
| | Part VI how the organization meets the fact | s-and-circumstance | s test. The organiz | ation qualifies as a | publicly supported | I | | |
| | organization | | | | | | | |
| b | 10%-facts-and-circumstances test—202 | | | | | | | |
| | 15 is 10% or more, and if the organization r | meets the facts-and | -circumstances test | t, check this box ar | nd stop here. Expl | ain | | |
| | in Part VI how the organization meets the fa | acts-and-circumstan | ces test. The orga | nization qualifies as | s a publicly support | ed | | |
| | organization | | | | | | | 📙 |
| 18 | Private foundation. If the organization did | not check a box on | line 13, 16a, 16b, | 17a, or 17b, check | this box and see | | | |
| | instructions | | | | | | | Ц |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| | tion A. Public Support | | | | | | |
|------------|--|------------------------|----------------------|----------------------|----------------------|----------|-----------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| <u>Soc</u> | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | | (a) 2016 | (b) 2019 | (6) 2020 | (u) 2021 | (e) 2022 | (I) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 14 | First 5 years. If the Form 990 is for the org | uanization's first, se | cond. third, fourth | or fifth tax vear as | a section 501(c)(3) | ı | |
| • | organization, check this box and stop here | | | • | | | |
| Sec | tion C. Computation of Public Su | | | | | | |
| 15 | Public support percentage for 2022 (line 8, | column (f), divided | by line 13, column | (f)) | | 15 | 5 % |
| 16 | Public support percentage from 2021 Scheo | | | | | | 6 % |
| Sec | tion D. Computation of Investme | nt Income Per | centage | | | | |
| 17 | Investment income percentage for 2022 (lin | ne 10c, column (f), | divided by line 13, | column (f)) | | 17 | 7 % |
| 18 | Investment income percentage from 2021 S | Schedule A, Part III | , line 17 | | | | 8 % |
| 19a | 33 1/3% support tests—2022. If the organ | nization did not ched | ck the box on line 1 | 4, and line 15 is m | ore than 33 1/3%, | and line | |
| | 17 is not more than 33 1/3%, check this box | | - | | | | Ц |
| b | 33 1/3% support tests—2021. If the organ | | | | | | |
| | line 18 is not more than 33 1/3%, check this | - | - | | | | |
| 20 | Private foundation. If the organization did | not check a box or | line 14, 19a, or 19 | 9b, check this box a | and see instructions | | |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|-----|----------|-----------|-----------|
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| | 10b | | |
| Sch | edule A | A (Form 9 | 990) 2022 |

IDAHO FREEDOM FOUNDATION, INC 26-3783048 Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11a 11c below, the governing body of a supported organization? **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 а The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С 2 Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If

"Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

| Schedu | ile A (Form 990) 2022 IDAHO FREEDOM FOUNDATION, IN | 1C | 26-3783 | 048 Page 6 |
|--------|---|--------|-------------------------|--------------------------------|
| Par | | | ions | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2 | | | |
| | instructions. All other Type III non-functionally integrated supporting organizations must co | omplet | e Sections A through E. | |
| Sect | ion A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | , |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C – Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

5

Schedule A (Form 990) 2022

Income tax imposed in prior year

(see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| Schedu | le A (Form 990) 2022 IDAHO FREEDOM FOUL | NDATION, INC | 26-37 | 030 | Page |
|--------|--|----------------------|--------------------|-----|-----------------|
| Par | t V Type III Non-Functionally Integrated 509(a)(3) S | Supporting Organizat | ions (continued) | | |
| Sect | ion D – Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exempt purpose | es | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of | of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes of suppor | ted organizations | | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide detail | ls in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the organization | on is responsive | | 8 | |
| | (provide details in Part VI). See instructions. | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| _10_ | Line 8 amount divided by line 9 amount | | 1 | 10 | |
| | | (i) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | s | Distributable |
| | | | Pre-2022 | | Amount for 2022 |
| 1_ | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | | |
| | (reasonable cause required–explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| | From 2017 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from | | | | |
| | Section D, line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| | and 4c. | | | | |
| 8 | Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| | Excess from 2019 | | | | |
| C | Excess from 2020 | | | | |

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| PART II, LINE 10 - OTHER INCOME I | | |
|---|-------------------------|------|
| REIMBURSED EXPENSES | \$ 14,241 | |
| SHARED SERVICES | \$ 173,789 | |
| PPP LOAN FOREGIVENESS INCOME | \$ 129,883 | |
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SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

| • 5 | Section 501(c)(4), (5), or (6) organizations: Complete Part III. | | | | |
|----------|--|------------------------------------|-------------------|--|--|
| | e of organization IDAHO FREEDOM FOUNDA | TION, INC | | Employer ident 26-37830 | ification number |
| Pai | rt I-A Complete if the organization is exem | | or is a section | | |
| 1 | Provide a description of the organization's direct and indirect | | | | |
| • | definition of "political campaign activities." | political campaign activities in i | art iv. occ mande | 10113 101 | |
| 2 | Political campaign activity expenditures. See instructions | | | \$ | |
| 3 | Volunteer hours for political campaign activities. See instruct | | | | |
| | rt I-B Complete if the organization is exem | | | | |
| 1 | Enter the amount of any excise tax incurred by the organization | | | \$ | |
| 2 | Enter the amount of any excise tax incurred by organization | managers under section 4955 | | \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Form | 4720 for this year? | | | Yes No |
| 4a | Was a correction made? | | | | |
| <u>b</u> | If "Yes," describe in Part IV. | | | | |
| Pa | rt I-C Complete if the organization is exem | pt under section 501(c) | , except section | on 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organization | for section 527 exempt function | 1 | | |
| | activities | | | \$ | |
| 2 | Enter the amount of the filing organization's funds contributed | • | | | |
| | 527 exempt function activities | | | \$ | |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter | • | | | |
| _ | line 17b | | | \$ | |
| 4 | Did the filing organization file Form 1120-POL for this year? | | | | Yes No |
| 5 | Enter the names, addresses and employer identification num | . , | ŭ | ŭ | |
| | organization made payments. For each organization listed, en | • | 0 0 | | |
| | the amount of political contributions received that were prompt as a separate segregated fund or a political action committee | | | - | |
| | | | • | | (a) Amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
| | | | | funds. If none, enter -0 | promptly and directly |
| | | | | | delivered to a separate political organization. |
| | | | | | If none, enter -0 |
| (1) | | | | | |
| ` ' | | | | | |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
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| (4) | | | | | |
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| (5) | | | | | |
| | | | | | |
| (6) | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 E-Z.

| Pa | art II-A Complete if the organizat | tion is exempt under section 501(c)(3) and | I filed Form 5768 (ele | ction under | | | | | |
|----|--|---|------------------------|----------------|--|--|--|--|--|
| | section 501(h)). | , | • | | | | | | |
| Α | Check if the filing organization be | | | | | | | | |
| | address, EIN, expenses, a | and share of excess lobbying expenditures). | | | | | | | |
| В | Check if the filing organization ch | necked box A and "limited control" provisions apply | /. | | | | | | |
| | Limits on Lobb | ying Expenditures | (a) Filing | (b) Affiliated | | | | | |
| | | eans amounts paid or incurred.) | organization's totals | group totals | | | | | |
| 18 | a Total lobbying expenditures to influence public | opinion (grassroots lobbying) | 0 | | | | | | |
| ı | b Total lobbying expenditures to influence a legi- | slative body (direct lobbying) | 27,708 | | | | | | |
| (| c Total lobbying expenditures (add lines 1a and | 1b) | 27,708 | | | | | | |
| • | d Other account account account at the contract of the contrac | | 1,054,639 | | | | | | |
| • | e Total exempt purpose expenditures (add lines | 1c and 1d) | 1,082,347 | | | | | | |
| | f Lobbying nontaxable amount. Enter the amour | | | | | | | | |
| | columns. | | 183,235 | | | | | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | |
| | Over \$17,000,000 | \$1,000,000. | | | | | | | |
| 9 | g Grassroots nontaxable amount (enter 25% of | ine 1f) | 45,809 | | | | | | |
| ı | h Subtract line 1g from line 1a. If zero or less, er | nter -0- | 0 | | | | | | |
| | ${f i}$ Subtract line 1f from line 1c. If zero or less, en | | 0 | | | | | | |
| | • | line 1h or line 1i, did the organization file Form 4720 | | | | | | | |
| | reporting section 4911 tax for this year? | | | Yes No | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | |
|--|-----------------|-----------------|-----------------|----------|-----------|--|--|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total | | |
| 2a Lobbying nontaxable amount | 132,487 | 137,264 | 154,432 | 183,235 | 607,418 | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 911,127 | | |
| c Total lobbying expenditures | 12,800 | 17,207 | 26,812 | 27,708 | 84,527 | | |
| d Grassroots nontaxable amount | 33,122 | 34,316 | 38,608 | 45,809 | 151,855 | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 227,783 | | |
| f Grassroots lobbying expenditures | | 317 | | 0 | 317 | | |

Schedule C (Form 990) 2022

IDAHO FREEDOM FOUNDATION, INC 26-3783048 Schedule C (Form 990) 2022 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions **Supplemental Information** Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

| Schedule C (Form 9 | | | | FOUNDATI | ON, | INC | 26-3783048 | Page 4 |
|--------------------|--------------|------------|---------------------|----------|-----|---|------------|--------|
| Part IV | Supplemental | Informatio | n (continued | () | | | | |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

| I | DAHO FREEDOM FOUNDATION, INC | | 26-3783048 | | | | |
|--------|---|--|--|--|--|--|--|
| Pa | art I Organizations Maintaining Donor Advised Funds or Oth | | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | | | | | | |
| | | (a) Donor advised funds | (b) Funds and other accounts | | | | |
| 1 | Total number at end of year | | (-) | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | Aggregate value at and of year | | | | | | |
| 5 | Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets he | ld in donor advised | | | | | |
| J | · · · · · · · · · · · · · · · · · · · | | □ vos □ No | | | | |
| | funds are the organization's property, subject to the organization's exclusive legal cor | | Yes No | | | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that gra | | | | | | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for | | □ v _{aa} □ v _a | | | | |
| Dr | conferring impermissible private benefit? art II Conservation Easements. | | Yes No | | | | |
| Г | Complete if the organization answered "Yes" on Form 990, | Part IV line 7 | | | | | |
| 4 | , , | T art IV, mic 7. | | | | | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | Decree of a bistorically in- | and the state of t | | | | |
| | Preservation of land for public use (for example, recreation or education) | Preservation of a historically im | • | | | | |
| | Protection of natural habitat | Preservation of a certified histo | ric structure | | | | |
| _ | Preservation of open space | de la trada de la compansa del compansa de la compa | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribute easement on the last day of the tax year. | ition in the form of a conservation | | | | | |
| _ | · | | Held at the End of the Tax Year | | | | |
| a | | | | | | | |
| b | | | | | | | |
| C | (-, | | 2c | | | | |
| d | Number of conservation easements included in (c) acquired after July 25, 2006, and r | not on a | | | | | |
| _ | historic structure listed in the National Register | | 2d | | | | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or t | erminated by the organization d | uring the | | | | |
| _ | tax year | | | | | | |
| 4 | Number of states where property subject to conservation easement is located | | | | | | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspect | _ | П., П., | | | | |
| | violations, and enforcement of the conservation easements it holds? | | | | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, an | d enforcing conservation easem | ents during the year | | | | |
| | | | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and en | forcing conservation easements | during the year | | | | |
| _ | | | | | | | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirement | | П., П., | | | | |
| _ | and section 170(h)(4)(B)(ii)? | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its reve | • | | | | | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's | financial statements that describ | oes the | | | | |
| Da | organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art, Historical | Tracciures or Other Sir | miles Accets | | | | |
| Pč | art III Organizations Maintaining Collections of Art, Historical Complete if the organization answered "Yes" on Form 990, | | milar Assets. | | | | |
| 4- | - | | atad.a | | | | |
| ıa | If the organization elected, as permitted under FASB ASC 958, not to report in its reverse of art, historical treasures, or other similar assets held for public exhibition, education, | | | | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that des | • | DIIC | | | | |
| h | · | | works of | | | | |
| D | If the organization elected, as permitted under FASB ASC 958, to report in its revenue | | | | | | |
| | art, historical treasures, or other similar assets held for public exhibition, education, or | research in fundierance of publ | ic scivice, | | | | |
| | provide the following amounts relating to these items: | | ¢. | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | |
| 2 | (ii) Assets included in Form 990, Part X | | | | | | |
| 2 | If the organization received or held works of art, historical treasures, or other similar a | - · | uie | | | | |
| _ | following amounts required to be reported under FASB ASC 958 relating to these item | | ¢ | | | | |
| d h | Revenue included on Form 990, Part VIII, line 1 | | Ф | | | | |

| Part III Organizations Maintaini | ng Collections of | Art, Historical Tr | easures, c | or Other Sin | nilar As | sets (cc | ntinue | d) | <u></u> |
|---|---------------------------------------|------------------------------|-----------------|-------------------|----------------|------------|-------------|---------|---------|
| 3 Using the organization's acquisition, access collection items (check all that apply): | sion, and other records, | check any of the follow | ving that make | e significant use | e of its | | | | |
| a Public exhibition | d 🗌 | Loan or exchange pro | ogram | | | | | | |
| b Scholarly research | е 🗌 | Other | | | | | | | |
| c Preservation for future generations | _ | | | | | | | | |
| 4 Provide a description of the organization's | collections and explain h | now they further the or | ganization's ex | kempt purpose | in Part | | | | |
| XIII. | | | | | | | | | |
| 5 During the year, did the organization solici | t or receive donations of | art, historical treasure | s, or other sim | nilar | | - | _ | | |
| assets to be sold to raise funds rather than | | art of the organization's | collection? | | | | Yes | | No |
| Part IV Escrow and Custodial | _ | | | | | | | | |
| Complete if the organization | ion answered "Yes" | on Form 990, Pa | irt IV, line 9 | , or reported | d an amo | ount on I | Form | | |
| 990, Part X, line 21. | | | | | | | | | |
| 1a Is the organization an agent, trustee, custo | | | | | | г | ٦., | | |
| included on Form 990, Part X? | | | | | | L | Yes | Ш | No |
| b If "Yes," explain the arrangement in Part X | III and complete the folio | owing table: | | | | | mount | | — |
| - Periodo Indone | | | | | 1 | | inount | | — |
| c Beginning balance | | | | | 1c | | | | — |
| d Additions during the year | | | | | | | | | — |
| e Distributions during the year | | | | | | | | | — |
| f Ending balance | Farm 000 Dart V line (| 24 | | - L. 11:4 - O | . 1f | | | | — N- |
| 2a Did the organization include an amount on | | | | | | | Yes | Н | No |
| b If "Yes," explain the arrangement in Part X Part V Endowment Funds. | III. Check here ii the exp | nanation has been pro- | vided on Part | <u> </u> | | | | | |
| Complete if the organizat | ion answered "Ves" | on Form 000 Pa | rt IV line 1 | 0 | | | | | |
| Complete ii the organizati | (a) Current year | (b) Prior year | (c) Two yea | | d) Three years | hack | (e) Four ye | ears ha | |
| 1a Beginning of year balance | - ', | (b) Ther year | (6) 1 110 year | are back (c | y Thice years | Buok | (c) i oui y | 0010 00 | |
| | | | | | | | | | |
| b Contributionsc Net investment earnings, gains, and | | | | | | | | | |
| | | | | | | | | | |
| d Grants or scholarships | | | | | | | | | |
| e Other expenditures for facilities and | | | | | | | | | |
| programs | | | | | | | | | |
| f Administrative expenses | | | | | | | | | |
| g End of year balance | | | | | | | | | |
| 2 Provide the estimated percentage of the ci | | (line 1g. column (a)) h | -IH as: | | | <u></u> | | | |
| a Board designated or quasi-endowment | , | (iiiic 1g, coldiiii (a)) iii | ola ao. | | | | | | |
| b Permanent endowment | | | | | | | | | |
| c Term endowment % | ,,, | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c s | hould equal 100%. | | | | | | | | |
| 3a Are there endowment funds not in the pos | • | on that are held and a | dministered fo | r the | | | | | |
| organization by: | 00001011 01 1110 0194111 <u>=</u> 411 | on that are more and a | | | | | Y | es | No |
| (i) Unrelated organizations | | | | | | [| 3a(i) | | |
| (ii) Related organizations | | | | | | | 3a(ii) | | |
| b If "Yes" on line 3a(ii), are the related organ | izations listed as require | d on Schedule R? | | | | | 3b | | |
| 4 Describe in Part XIII the intended uses of | | | | | | | | | |
| Part VI Land, Buildings, and E | | | | | | | | | |
| Complete if the organization | | on Form 990. Pa | rt IV. line 1 | 1a. See For | m 990. F | Part X. li | ne 10. | | |
| Description of property | (a) Cost or other | | other basis | (c) Accum | | | d) Book va | lue | |
| | (investment) | (oth | ner) | deprecia | tion | | | | |
| 1a Land | | | | | | | | | |
| b Buildings | | | | | | | | | |
| c Leasehold improvements | | | | | | | | | |
| d Equipment | | | 89,664 | (| 59,739 | | 19 | 9,9 | 25 |
| e Other | | | <u>-</u> | | | | | | |
| Total. Add lines 1a through 1e. (Column (d) mus | | X, column (B), line 10c | .) | | | | 19 | 9,9 | 25 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

| Pa | art XI Reconciliation of Revenue per Audited Financial | | ie per Return. | |
|--|--|--|-------------------------|--|
| | Complete if the organization answered "Yes" on Form | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | | 2d | | |
| е | Add lines 2a through 2d | | | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | · · · · · · · · · · · · · · · · · · · | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| _ | Add lines 4a and 4b | | 4c | |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. | | | |
| Pa | art XII Reconciliation of Expenses per Audited Financial | | ses per Return. | |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 12a. | 1 . 1 | |
| 1 | | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | |
| а | | 2a | | |
| b | Prior year adjustments | 2b | | |
| С | | 2c | | |
| d | / | 2d | | |
| | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| | | | • | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | | 4c 5 | |
| Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. | 3.) | 5 | |
| P a Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part V, | line 4; Part X, line | |
| P a Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. | Part IV, lines 1b and 2b; Part V, | line 4; Part X, line | |
| P a Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part V, | line 4; Part X, line | |
| P a Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part V, | line 4; Part X, line | |
| P a Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part V, | line 4; Part X, line | |
| Provi Provi 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provi Provi 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Pa Provi 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provi 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| 5 Provi 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provi | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide Provid | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| 5 Perovi 22; Pe | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| 5 Perovi 22; Pe | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| 5 Provide 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide the second seco | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |
| Provide the second seco | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line n. | |
| 5 Provi 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 art XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line n. | |
| 5 Provide 1 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b. Also complete this part to | Part IV, lines 1b and 2b; Part V, provide any additional information | line 4; Part X, line | |

| Schedule D (Fo | rm 990) 2022 | IDAHO | FREEDOM | FOUNDATION, | INC | 26-3783048 | Page 5 |
|---|--------------|-----------|-----------------|-------------|-----|------------|---------------|
| Part XIII | Supplementa | al Inform | nation (continu | ued) | | | |
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2022

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

| | IDAHO FRE | EEDOM | FOUNDATION, | INC | 26-378304 | <u> 18</u> | | |
|-----|--|-------------------------------|---|---|--|------------|-----|----|
| Pa | art I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determinin noncash contribution am | | | |
| 1 | Art — Works of art | | | | | | | |
| 2 | Art — Historical treasures | | | | | | | |
| 3 | Art — Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities — Publicly traded | X | 1 | 25,626 | | | | |
| 10 | Securities — Closely held stock | | | | | | | |
| 11 | Securities — Partnership, LLC, | | | | | | | |
| | or trust interests | | | | | | | |
| 12 | Securities — Miscellaneous | | | | | | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution — Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution — Other | | | | | | | |
| 15 | Real estate — Residential | | | | | | | |
| 16 | Real estate — Commercial | | | | | | | |
| 17 | Real estate — Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other () | | | | | | | |
| 26 | Other () | | | | | | | |
| 27 | Other () | | | | | | | |
| 28 | Other (| | | | | | | |
| 29 | Number of Forms 8283 received by the | • | , | | | | | |
| | which the organization completed For | m 8283, F | Part V, Donee Acknowled | lgement | 29 | | 1 | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization | • | , , , | • | • | | | |
| | 28, that it must hold for at least 3 yea | | | oution, and which isn't require | ed to be | | | 37 |
| | used for exempt purposes for the enti- | - | period? | | | 30a | | Х |
| b | If "Yes," describe the arrangement in | | | | | | | |
| 31 | Does the organization have a gift acc | eptance p | olicy that requires the rev | view of any nonstandard | | | | 37 |
| 00 | | | | | | 31 | | X |
| 32a | Does the organization hire or use thir | • | • | • | | | | v |
| | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | luman (a) fam o t i i i f | and for which are well as | ale a alea d | | | |
| 33 | If the organization didn't report an am | ount in co | iuiiiii (c) for a type of pro | perty for which column (a) is | спескеа, | | | |

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047
2022

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Schedule O (Form 990) 2022

Employer identification number

IDAHO FREEDOM FOUNDATION, INC 26-3783048 FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS TO DEVELOP AND ADVOCATE THE PRINCIPLES OF INDIVIDUAL LIBERTY, PERSONAL RESPONSIBILITY, PRIVATE PROPERTY RIGHTS, ECONOMIC FREEDOM, AND LIMITED, GOVERNMENT TRANSPARENT FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO FILING. COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD MEMBERS BEFORE IT HAS BEEN FILED. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY ALL BOARD MEMBERS AND KEY EMPLOYEES ANNUALLY DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST DURING THE FIRST BOARD MEETING HELD EACH YEAR. NONE WERE NOTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION TOT/PROG SERVICE MGT & GENERAL FUNDRAISING PROFESSIONAL FEES \$ 54,764 42,749 8,755 COMMISSIONS & FEES 43 3,017

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Name of the org | ganization FREEDOM FOUN | Employer ider 26-378 | ntification number | | |
|---|--------------------------|----------------------|--------------------|--------|-------|
| | TOTAL | | | | |
| | \$ | 54,807 | \$ 45,766 | \$ | 8,755 |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2022 Open to Publi

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

| IDAHO FREEDOM FOUNDATION, INC | IDAHO FREEDOM FOUNDATION, INC | | | | | | | | | | |
|--|------------------------------------|---|----------------------------|--|-------------------------------|------------------------|-------------------------------|--|--|--|--|
| Part I Identification of Disregarded Entities. Complete if the | ne organization answ | vered "Yes" on Fo | orm 990, Part IV, | line 33. | | | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicil or foreign co | | (d) al income | (e) End-of-year assets | (f) Direct con entity | | | | | |
| (1) | | | | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the | s. Complete if the or ne tax year. | ganization answe | ered "Yes" on For | m 990, Part IV, | line 34, because | it had | | | | | |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | Section s controlle | g) 512(b)(13) d entity? | | | | |
| (1) IDAHO FREEDOM ACTION, INC. | | 3. 10.0g . 00a.ay) | | (3) 000301 00 1(0)(0)) | 3, | Yes | No | | | | |
| 802 W BANNOCK STREET SUITE 405 47-490318 | 7 | | | | | | | | | | |
| BOISE ID 83702 | SOCIAL WEL | ID | 501C4 | | IDAHO FREE | Х | | | | | |
| (2) | | | | | | | | | | | |

(3)

(4)

(5)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domidile | (d) Direct controlling entity | (e) Predominant income (related, unrelated, | (f) Share of tota income | (g) Share of en year asse | | (h Disp portio | oro- nate | (i) Code V—UBI amount in box 20 | (j) Genera manao | alor Po ging ^O | (k) ercentage ownership |
|---|-----------------------------|----------------------------|-------------------------------|---|--------------------------------|---------------------------------|---------|----------------------|----------------|---------------------------------|------------------------|------------------------------|-----------------------------------|
| | | (state or foreign country) | | excluded from tax under sections 512-514) | | | | allo | | of Schedule K-1 (Form 1065) | partne | | |
| (1) | | | | , | | | | Yes | NO | | Yes | NO | |
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| Identification of Related Organization | ne Tavahla | 26.2.0 | Corporation (| or Trust Comp | late if the o | rganization answ | vered " | Vas | " on | Form 990 Pai | <u> </u> | | |
| line 34, because it had one or more re | elated organiz | ations | s treated as a | corporation or | trust during | the tax year. | rcica | 103 | OII | | t iv, | | |
| (a) Name, address, and EIN of related organization | (b) Primary activit | ty | (c) Legal domicile | (d) Direct controlling | (e) Type of entity | (f) Share of total | | | (g) nare of | (h) Percent | | 54 | (i) Section |
| | | | (state or foreign country) | entity | (C corp, S corp, or trust) | income | ei | nd-of- | year ass | sets owners | ship | CC | 12(b)(13) ontrolled entity? |
| | | | 0 1/ | | , | | | | | | | | s No |
| (1) | | | | | | | | | | | | | |
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| Part V | Transactions With Related Organizations. Complete if the organization are | nswered "Yes" on Fo | rm 990, Part IV, line 3 | 34, 35b, or 36. | | | |
|--|--|------------------------------|------------------------------|----------------------------|-------------|-----|----|
| Note: Com | plete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| | the tax year, did the organization engage in any of the following transactions with one or more relate | ed organizations listed in P | arts II–IV? | | | | |
| a Receip | t of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | · · | | | 1a | | х |
| b Gift, gr | ant, or capital contribution to related organization(s) | | | | 1b | | х |
| c Gift, gr | ant, or capital contribution from related organization(s) | | | | 1c | | х |
| d Loans | or loan guarantees to or for related organization(s) | | | | 1d | | х |
| e Loans | or loan guarantees by related organization(s) | | | | 1e | | х |
| | | | | | | | |
| f Divider | ds from related organization(s) | | | | 1f | | х |
| g Sale of | assets to related organization(s) | | | | 1g | | Х |
| h Purcha | se of assets from related organization(s) | | | | 1h | | х |
| i Exchar | ge of assets with related organization(s) | | | | 1i | | х |
| j Lease | of facilities, equipment, or other assets to related organization(s) | | | | 1j | | х |
| - | | | | | | | |
| k Lease | of facilities, equipment, or other assets from related organization(s) | | | | 1k | | х |
| I Perform | nance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | х |
| m Perforn | nance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | Х |
| m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | | |
| o Sharing | o Sharing of paid employees with related organization(s) | | | | | | |
| | | | | | | | |
| p Reimbu | rsement paid to related organization(s) for expenses | | | | 1p | | х |
| q Reimbu | ursement paid by related organization(s) for expenses | | | | 1q | X | i |
| | | | | | | | |
| r Other t | ransfer of cash or property to related organization(s) | | | | 1r | | х |
| s Other t | ransfer of cash or property from related organization(s) | | | | 1s | | Х |
| 2 If the a | nswer to any of the above is "Yes," see the instructions for information on who must complete this I | ine, including covered rela | tionships and transaction th | resholds. | | | |
| | (a) | (b) | (c) | (d) | | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amou | ınt involve | ed | |
| | | type (a 5) | | | | | |
| | | | | | | | |
| (1) | IDAHO FREEDOM ACTION, INC | Q | 44,705 | ENTITY RECORDS | | | |
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| (2) | | | | | | | |
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign | gal Predominant // incide income (related, e or unrelated, excluded from tax under | Predominant Are income (related, or unrelated, excluded or action tax under or | | partners tion (c)(3) ations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---------------------------------------|-----------------------------|--|--|--|----|---------------------------------------|---------------------------------|--|-----------------------------------|--|-------------------------------|----|---|---|--|--------------------------------|
| | | country) | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | | | | |
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| Schedule R (Fe | orm 990) 2022 | IDAHO | FREEDOM | FOUNDATION, | INC | 26-3783048 | Page 5 |
|---|---------------|-------------|----------------|---------------------|------------------|-------------------|--------|
| | Supplement | | | | | | · · |
| Part VII | Provide addi | tional info | rmation for re | sponses to question | s on Schedule R. | See instructions. | |
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